

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027863

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

280

STATE FILE NUMBER

FILED AUG 15 1962

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Hannibal

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Marion

c. CITY OR TOWN Hannibal

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Elizabeth Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1917 Orchard Ave.,

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Woodrow

W.

Salyer

4. DATE OF DEATH

Month

Day

Year

July 29, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 27, 1915

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hannibal, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elwood G. Salyer

13b. MOTHER'S MAIDEN NAME

Lila E. Lear

14. NAME OF HUSBAND OR WIFE

Bonnie Salyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Bonnie Salyer,

1917 Orchard Ave,
Hannibal, Mo.

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list on separate lines. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myo-Cardial Infarction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at 11:00 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

July 31, 1962

Grand View Burial Park Hannibal, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

H.M.O'Donnell, Hannibal, Mo.

Aug. 2, 1962

Dr. E.M. Kuche by M. Homan

MAR 25 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L M O'Brien

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 3/2/62